



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
GRAIN REGULATORY SERVICES

**RENEWAL APPLICATION FOR MISSOURI GRAIN WAREHOUSE
AND/OR MISSOURI GRAIN DEALER LICENSE**

P.O. BOX 630
JEFFERSON CITY, MO 65102
(573) 751-4112
FAX (573) 751-5516

This application form must be submitted to the department at least thirty days prior to the expiration date of your license(s) to avoid a late penalty. Please read the "Guidelines for Preparation of Financial Statements" sent with this form. The application cannot be processed until financial statements required by these instructions are received. This form should be typewritten and must be subscribed and sworn to under oath. All items must be completed or marked not applicable (N/A). This form is available on-line at: www.mda.state.mo.us.

APPLICANT LEGAL NAME				DBA			
APPLICANT (HEADQUARTERS) INFORMATION				Location information, if different than applicant. (If you have multiple locations, see "Licensed Locations" information sheet)			
ADDRESS			COUNTY	ADDRESS			COUNTY
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
TELEPHONE ()		FAX NO. ()		TELEPHONE ()		FAX NO. ()	
CONTACT PERSON				MANAGER'S NAME			
E-MAIL ADDRESS				E-MAIL ADDRESS			
DO YOU WANT MAIL TO GO TO: <input type="checkbox"/> APPLICANT ADDRESS <input type="checkbox"/> LOCATION ADDRESS				MANAGER'S HOME ADDRESS		CITY	
				STATE	ZIP CODE	MANAGER'S HOME PHONE ()	
TYPE OF BUSINESS (Check applicable boxes & list applicable names)							
<input type="checkbox"/> INDIVIDUAL PROPRIETOR		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED - NAME OF SPOUSE: _____					
<input type="checkbox"/> PARTNERSHIP		PARTNERS NAMES AND ADDRESSES:					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB S <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> LLC		NAME OF OFFICERS AND ADDRESSES:					
		PRESIDENT					
		VICE PRESIDENT					
		SECRETARY					
		TREASURER					
TYPE OF LICENSE TO BE RENEWED (Check applicable boxes)							
<input type="checkbox"/> MISSOURI GRAIN WAREHOUSE LICENSE				DO YOU WISH TO APPLY FOR A CLASS I GRAIN DEALER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> MISSOURI GRAIN DEALER LICENSE							
<input type="checkbox"/> ALSO LICENSED AS A FEDERAL GRAIN WAREHOUSE: ENTER FEDERAL WAREHOUSE LICENSE NUMBER _____							
<input type="checkbox"/> GRAIN HANDLING FACILITY: <input type="checkbox"/> NONE; <input type="checkbox"/> OWN; <input type="checkbox"/> RENT/LEASE – FROM _____							
TOTAL DOLLAR AMOUNT OF GRAIN PURCHASED IN MISSOURI DURING THE LAST FISCAL YEAR: \$ _____							

CHECK WHICH SERVICES YOU WILL BE OFFERING:				OFFICE USE		
<input type="checkbox"/> BUY WHOLE GRAIN FOR RESALE <input type="checkbox"/> TRANSPORT GRAIN FOR OTHER PARTIES <input type="checkbox"/> PURCHASE WHOLE GRAIN, PROCESS AND SELL AS FEED <input type="checkbox"/> PURCHASE WHOLE GRAIN, PROCESS AND SELL AS SEED <input type="checkbox"/> SELL GRAIN ONLY <input type="checkbox"/> OFFER ANY TYPE OF MINIMUM PRICE CONTRACT	<input type="checkbox"/> GRAIN BANK FEED GRAINS FOR PRODUCERS <input type="checkbox"/> STORE GRAIN ON AN OPEN STORAGE BASIS <input type="checkbox"/> OFFER DELAYED PRICING OR DEFERRED PAYMENT OPTIONS <input type="checkbox"/> ISSUE NEGOTIABLE WAREHOUSE RECEIPTS <input type="checkbox"/> OFFER A DIRECT FARM TO MARKET PROGRAM <input type="checkbox"/> OTHER (DESCRIBE) _____					
BROKERS USED FOR HEDGING OR SPECULATIVE TRADING IN THE COMMODITIES MARKETS:						
NAME	ADDRESS	CITY	STATE	ZIP CODE		
NAME	ADDRESS	CITY	STATE	ZIP CODE		
INDICATE CHANGES IN YOUR BUSINESS OPERATION SINCE YOUR LAST APPLICATION FOR LICENSE RENEWAL:						
				YES	NO	OFFICE USE
All Applicants: 1. Did you change accountants? (If yes, state reason below.)				<input type="checkbox"/>	<input type="checkbox"/>	
2. Did you change financial institutions? (Indicate institution and contact person below)				<input type="checkbox"/>	<input type="checkbox"/>	
3. Did you change your fiscal year end? (If yes, date of new fiscal year end _____)				<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there any pending litigation against you?				<input type="checkbox"/>	<input type="checkbox"/>	
Corporations: 5. Is the corporation in good standing with the Missouri Secretary of State's Office?				<input type="checkbox"/>	<input type="checkbox"/>	
6. Was there a change in the three largest shareholders?				<input type="checkbox"/>	<input type="checkbox"/>	
7. Did this corporation become a subsidiary or parent corporation?				<input type="checkbox"/>	<input type="checkbox"/>	
8. Did this corporation become a part of a group of related businesses or corporations?				<input type="checkbox"/>	<input type="checkbox"/>	
9. Did you amend your certificate of incorporation? (If yes, send copy.)				<input type="checkbox"/>	<input type="checkbox"/>	
Proprietors: 10. Did your marital status change?				<input type="checkbox"/>	<input type="checkbox"/>	
11. Did the persons authorized to sign checks for the proprietorship change?				<input type="checkbox"/>	<input type="checkbox"/>	
Partnerships: 12. Was there a change of individual partners?				<input type="checkbox"/>	<input type="checkbox"/>	
13. Did the partnership agreement change? (If yes, send copy)				<input type="checkbox"/>	<input type="checkbox"/>	
14. Did the persons authorized to sign checks for the partnership change?				<input type="checkbox"/>	<input type="checkbox"/>	
Explain a "No" answer on item 5 and any changes or pending litigation noted above (attach additional sheets if more space is needed):						
If the changes noted above require an original application form or new financial statements, you will be notified.						
APPLICANT'S CERTIFICATION						
THIS MUST BE SIGNED BY THE PROPRIETOR, ONE OF THE PARTNERS OF A PARTNERSHIP, OR BY AN OFFICER OF A CORPORATION APPLICANT.						
DATE	STATE OF	COUNTY OF				
TYPED NAME		BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE (TITLE)				
OF THE APPLICANT, (BUSINESS NAME)						
That I am authorized on the part of said applicant to verify and file with the Missouri Department of Agriculture all information contained herein; that I have full knowledge of the matters sent forth herein, and that all of the same are true in substance and fact. I also state that the financial statements submitted with this application are true and correct to the best of my knowledge and belief.						
SIGNATURE						
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)			
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW			
	DAY OF					
	YEAR					
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES				
NOTARY PUBLIC NAME (TYPED OR PRINTED)						